



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 MAR - 7 P 3:41

Application to Renew Drain Layer License

CITY CLERK'S OFFICE
SOMERVILLE, MA

J. MARCHESE AND SONS INC
69 NORMAN ST
EVERETT MA 02149

License #: BL15-000658
File #: 15-541
Fee: 275

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: J. MARCHESE AND SONS INC Business Location: 0 OUT OF AREA Business Phone: 617-389-4040	
License Holder: J. MARCHESE AND SONS INC 69 NORMAN ST EVERETT MA 02149	
Mailing Address: J. MARCHESE AND SONS INC 69 NORMAN ST EVERETT MA 02149	
Business Type: Corporation JOHN MARCHESE JOHN MARCHESE ELIZABETH MARCHESE	
FID: 042759455	
Emergency Contact: SCOTT KARPINSKI Phone: 617-212-1545	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at <http://www.somervillema.gov/departments/dpw/engineering>. Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. **In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.**

By accepting these conditions, you acknowledge receipt of this manual and agree to adhere to the rules and

Continuation Certificate

The Hartford Insurance Group

Surety - License & Permit

The Hartford Casualty Insurance Company, (hereinafter called the Company) hereby continues in force its Bond No. 08BSBAQ6138 in the sum of Ten Thousand (\$10,000.00) Dollars on behalf of J MARCHESE & SONS, INC. 69 Norman Street, EVERETT, MA 02149 in favor of CITY OF SOMERVILLE, CITY CLERK for the (extended) term beginning on April 27, 2016 and ending on April 27, 2017 subject to all the covenants and conditions of said Bond, said Bond and this and all continuations thereof being one continuous contract.

This Continuation is executed upon the express condition that the Company's liability under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the sum of Ten Thousand (\$10,000.00) Dollars.

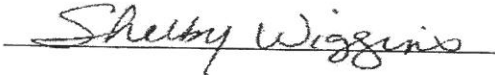
IN WITNESS THEREOF, the Company has caused this instrument to be signed by its officers proper for the purpose and its corporate seal to be hereto affixed on January 28, 2016.

Hartford Casualty Insurance Company

By: 
Joelle L. LaPierre, Attorney in Fact



Attest:



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: J. Marchese & Sons, Inc.
Address: 69 Norman St
City: Everett State: MA Zip: 02149 Phone #: 617-389-4040

- I am an employer with 40 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: Star Insurance
Address: 10 New England Business Ctr # 303
City: Andover State: MA Zip: 01810 Phone #: 978-691-2470
Policy #: WC 0782504 Expiration Date: 4/1/16

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 3-5-16

Print Name: Tuba To Marchese - President

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____